Royal Cornwall Hospitals
NHS Trust

The Use of Same Day Surgical Assessment (SDSA) Lounge and Trolley Bay Standard Operating Procedure

V1.2

February 2024

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Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. SDSA Lounge is currently a Monday - Friday ambulatory service for Emergency Surgical Patients who present for assessment direct from the GP or referred from the Emergency Department.

1.2. Outside of these hours when there is no capacity on ESU (Emergency Surgical Unit) surgical expected patients present to the Emergency Department.

1.3. The SDSA Trolley bay has been created to accept **non ambulatory or emergency surgical patients with a NEWS score above 3 and a maximum NEWS score of 7 direct from GP or Emergency Department** 24 hours a day, seven days a week. This will streamline the pathway for this group of patients to ensure patients are in the right place and help prevent overcrowding in the Emergency Department.

2. Purpose of this Standard Operating Procedure

2.1. The aim of this SOP is to maintain flow and improve patient safety, privacy and dignity as well as reduce the risk of adverse events.

2.2. **Any breach of adherence to the SOP will be reported on the Datix incident reporting system. Any deviation from this policy should be made through the executive team.**

2.3. The purpose is to provide guidance for the safe placement of surgical ambulatory patients while they wait assessment in SDSA Lounge and SDSA Trolley Bay.

2.4. The SOP defines the criteria by which a patient can be transferred or sent to SDSA lounge and Trolley Bay.

2.5. The SOP covers all surgical patients directed to SDSA Lounge/Trolley Bay from direct General Practitioner (GP) referral, following triage and assessment in the

Emergency Department (ED) or ward attenders arranged by surgical clinicians.

3. Ownership and Responsibilities

The following responsibilities apply to this SOP:

3.1. Role of the Managers

Clinical Matrons and the Nurse in Charge are responsible for:

- It is the responsibility of the Clinical Matron or the Same Day Surgical Assessment Co-Ordinator (Nurse in Charge), and senior doctor to ensure that appropriate clinical decisions, actions and escalation of care are taken to ensure this policy is adhered to.
- It is the responsibility of the Nurse in Charge of Same Day Surgical Assessment to ensure that all staff working within the SDSA lounge/Trolley Bay understand and adhere to this policy and the relevant protocols.
- It is the responsibility of the Nurse in Charge to ensure the smooth day to day management of SDSA lounge/Trolley Bay.

3.2. Role of Individual Staff

All staff members are responsible for:

- All SDSA staff must ensure they adhere to this policy and the relevant protocols.
- All SDSA staff must ensure they are trained and competent in venepuncture, cannulation, ECG, infection and prevention, aseptic non touch technique (ANTT) and patient group directive (PGD) use.
- The rostered registered nurse in charge of SDSA is responsible for all equipment safety checks, controlled drug checks, and to ensure the area is clean, tidy and well stocked at the beginning and end of the shift.
- The rostered registered nurse is responsible for delegating tasks that are within the appropriate level of competence, to other nursing staff in SDSA.
- The rostered registered nurse is responsible for escalation when SDSA capacity exceeds 12 patients to highlight issues of overcapacity (appendix 5).

3.3. Role of the Clinical Site Co-Ordinator

It is the responsibility of the Site Co-ordinator team that all patients within the trolley bay meet the criteria laid out in this SOP. The Clinical Site Coordinator will ensure a risk assessment if any deviations to the criteria are required.

4. Background Information

4.1. SDSA lounge opens Monday to Friday 07:30 till 20:00 and Saturday and Sunday 07:00-19:30 as a nurse led unit and cannot accept direct admissions from the Emergency Department on a weekend.

4.2. SDSA Trolley Bay (C Bay on ESU) will be open **24 hours a day**, 7 days a week and can continue to accept patients from the Emergency Department at the weekends.

4.3. The primary purpose of SDSA Trolley bay should be to receive **non-ambulatory** patients who at this stage do not require an inpatient bed, compared to those **ambulatory** patients that present in hours to the SDSA lounge. The Trolley Bay **must not** be used for surgical patients requiring a confirmed inpatient admission to aid flow.

4.4. The purpose of SDSA lounge is to assess ambulatory surgical patients and establish if they can be discharged home safely or require hospital admission. SDSA lounge should not be used to house patients who have already been identified as requiring a hospital admission.

4.5. **No new patients will be accepted to SDSA lounge after 18:00 hours** to allow completion of the clinical episode and safe and timely closure of the unit. The SDSA lounge will close at 20:00 promptly. Further admissions will be sent to beds on ESU or SDSA Trolley Bay (if capacity available) or directed to ED should there be a lack of capacity.

4.6. The clinical site team will be informed as soon as a bed is required to facilitate admission to either ESU or another surgical ward. At 20.00 there will be no patients left in SDSA lounge with all patients either discharged or admitted.

4.7. SDSA lounge is staffed by one registered nurse, one Emergency Surgical Technician (EST) and one health care assistant at band 3 or above to accommodate 12 patients maximum. SDSA Trolley Bay is staffed by one registered nurse and one health care assistant band 3 day and night.

4.8. SDSA lounge aims to provide safe, effective and efficient care for **ambulatory surgical patients**, such that patients receive:

4.8.1. Nursing assessment on arrival.

4.8.2. Junior doctor/Emergency Surgical Care Practitioner review and admission (if required) within an hour.

4.8.3. Surgical registrar review within four hours of admission.

4.8.4. Surgical consultant review within 24 hours.

4.9. SDSA trolley bay aims to provide safe, effective and efficient care for **non-ambulatory surgical patients**, such that patients receive:

4.9.1. Nursing assessment on arrival.

4.9.2. Junior doctor/Emergency Surgical Care Practitioner review and admission (if required) within an hour.

4.9.3. Surgical registrar review within four hours of admission.

4.9.4. Surgical consultant review within 24 hours.

4.10. SDSA lounge assesses patients triaged from ED that fit agreed Specialty Hotlist (appendix 3) and/or have NEWS of 3 or less, direct GP referrals, have been identified by ED as needing further investigation, observation and ward attenders.

4.11. **SDSA Trolley Bay accepts patients outside of the criteria stated above**. Patients will be accepted into the Trolley Bay with NEWS of 7 or less. Patients that are not ambulatory cannot be safely managed within SDSA and will require a direct referral to ESU or SDSA Trolley Bay.

4.12. Patients that require resus facilities must stay in ED resus until NEWS below 7 or Surgical Register/ SDSA nurse in charge agrees for transfer to SDSA trolley bay.

4.13. SDSA lounge will not accept patients that have already been identified as requiring an in-patient stay. These patients will require direct admission to ESU or SDSA Trolley Bay.

4.14. It is recommended that patients admitted into the SDSA trolley bay do not exceed **12 hours** on a trolley.

- The maximum length of time that a patient should stay on a trolley is 23 hours. Nursing staff to datix if this period is breached.

- If the clinical site team have been unable to identify a suitable bed at this point (12 hours) the SDSA team are empowered, as per national SDEC specialities policy, to send a patient to an appropriately sited bed in a ward deemed suitable to the care needs of that patient without discussion.

4.15. Nursing staff to record the time of the decision to admit/requiring inpatient bed. If this exceeds 4 hours and the Trolley Bay is mixed sex this must be reported on the datix system as a mixed sex breach.

4.16. Patients admitted into SDSA lounge **must not exceed eight hours**.

5. Operational Plan

5.1. SDSA Lounge will only accept patients that are:

- On the agreed Specialty Hotlist.

- Are direct GP referrals.

- Have been seen in ED and require further assessment but not necessarily admission AND have been accepted as suitable for the lounge by the on-call team and clinical site management.

- >16 years of age or older.

5.2. SDSA trolley bay will **only accept patients with a confirmed gastrointestinal, breast, vascular or urological surgical diagnosis or who have been accepted by the relevant sub speciality surgical team or referred to surgery by the ED consultant** from those groups can be admitted to the SDSA trolley bay.

5.3. SDSA Trolley bay is for Non-Ambulatory GP referrals and ED patients who require further assessment but not necessarily admission. Patients in SDSA who have been identified as needing to be admitted should not be transferred into the trolley bay unless they are clinically too unwell to remain in SDSA or it is required in order to close SDSA.

5.4. NEWS must be above 3 and a maximum of 7 or non-ambulatory.

5.5. Patients who do not fit the agreed Specialty Hotlist or have a NEWS of 3 or more, must be admitted directly to ESU or SDSA Trolley Bay.

5.6. If there are no beds available on ESU or SDSA Trolley Bay for non-ambulatory patients, then patients should be escalated to the site co-ordinator for consideration to divert to ED.

5.7. Nursing assessments and risk assessments must take place on arrival for all general surgical, urological and vascular patients. All admissions will be prioritised based on the NEWS.

5.8. All patients admitted to SDSA lounge or SDSA Trolley Bay should have a junior medical review within one hour of arrival.

5.9. SDSA lounge is a 12 chaired area so patients must be able to sit in a chair and be dressed. Patients who require oxygen, IV opioid analgesia or any intervention that affects their privacy or dignity i.e., catheterisation, irrigation or enemas **cannot** be admitted to SDSA lounge but can be admitted to SDSA Trolley Bay.

5.10. Patients requiring regular IV opioid analgesia or that have received IV opioid analgesia within the last 4 hours are **not suitable** for SDSA lounge. These patients can be admitted to SDSA Trolley Bay.

5.11. When required, the nursing staff should cannulate and take routine bloods as to facilitate an efficient service. SDSA lounge has use of a Point of Care blood analysis machine and this should be used to run all routine blood tests.

5.12. The ward clerk must be pre-notified of any ward attenders prior to their attendance so that all out-patient episodes can be recorded on PAS and patient medical records requested. If returning for imaging, then a pre-arranged time slot can be booked (Monday-Friday).

5.13. There is a maximum of 2 ward attenders each day and are only booked to attend for a review or simple procedure, the expectation is they will not require a bed for treatment.

5.14. All patients that require a bed should be escalated to the bed manager as soon as this is known.

5.15. Ultrasound imaging will be available in the lounge from 09:00-12:00 Monday to Friday.

5.16. TTO packs for common medications will be available for dispensing by SDSA staff for patients that can be discharged after hours. The nurses must be trained

and competent to do this and the ward guidelines must be followed and recorded in patient notes.

5.17. All junior doctors should complete their outpatient prescribing module which will allow the use of outpatient prescriptions for ward attenders and surgical discharges.

5.18. No patients are to be sent home with Open Access back to SDSA lounge. All patients need to be discharged home with a copy of their discharge summary.

5.19. Maximum of 4 patients to be sent home, to return to SDSA the following day. This excludes ED late and overnight referrals.

5.20. As part of the twice daily ward round policy for all patients on ESU, it is required that in light of the trolley bay taking higher acuity patients, twice daily face to face rounds occur on this bay to ensure the highest level of patient safety is maintained and to promote flow.

5.21. Management plan for the emergency surgical care of pregnant women.

- **All** pregnant women are to be referred to Obstetrics and Gynaecology first for unexplained acute abdominal pain. They should then be admitted under Obs and Gynae on their ward if needed.

- If they feel there is a surgical cause (e.g., appendicitis) then an opinion from the on call general surgeons should be sought and if confirmed can be under (Surgery) care but patient remains on an Obs and Gynae ward.

- For GP referrals, our SHO who is receiving the referrals should, once pregnancy is confirmed, ask the GP to refer first to Obs and Gynae.

- If a pregnant patient inadvertently ends up on a surgical ward with a surgical problem, then Obs and Gynae must be informed, and they must highlight the admission on their delivery suite board to confirm the admission. The patient can under those circumstances stay on ESU with a timely review by the Obs and Gynae team, but it is preferable that they are transferred to an Obs and Gynae ward.

- Any decision to operate must be taken in conjunction with the Obs and Gynae team. Laparoscopic Appendectomy are to be done with a Obs and Gynae consultant in theatre.

5.22. Patients' duration of stay on SDSA Lounge and SDSA Trolley bay will be regularly audited to ensure patient safety by making sure that patients are not exceeding the recommended 12 hours (Trolley) and 8 hours (lounge).

6. Standards and Practice

6.1. All patients should be treated with dignity and respect and have access to food and drink if appropriate.

6.2. All patients will be kept fully informed at all times of their progress and treatment through the department, including waiting times and expected time for treatment.

6.3. In line with privacy and dignity requirements SDSA lounge, all patients should be fully dressed and not in night clothes.

6.4. Patients that are distressed or confused **must not** be admitted to SDSA lounge.

7. Dissemination and Implementation

7.1. This SOP will be implemented and disseminated through SDSA.

7.2. **If the terms of the SOP are not adhered to, the care group will evaluate if the trolley bay is a viable option to continue. Please see 2.2.**

7.3. It will be published on the Trust's intranet site (document library). Access to this document is open to all.

7.4. This SOP is to be shared with the Emergency Department and Clinical Site Coordination Team.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All elements of this policy will be monitored.
Lead	Surgical Clinical Matron.
Tool	Healthroster to monitor staffing. Datix to monitor incidents.
Frequency	Each element will be monitored monthly.
Reporting arrangements	Compliance will be discussed at the monthly Governance meetings in relation to incidents reported.
Acting on recommendations and Lead(s)	The Senior Management team will undertake subsequent recommendations and action planning for any deficiencies and recommendations within reasonable agreed timeframes.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a month of being reported. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders via the Surgical Governance meetings and safety briefings.

9. Updating and Review

This policy is to be updated and reviewed every three years, or sooner where there has been a significant change to the use of SDSA lounge and trolley bay.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	The Use of Same Day Surgical Assessment (SDSA) Lounge and Trolley Bay Standard Operating Procedure V1.2
This document replaces (exact title of previous version):	The Use of Same Day Surgical Assessment (SDSA) Lounge and Trolley Bay Standard Operating Procedure V1.1
Date Issued/Approved:	January 2024
Date Valid From:	February 2024
Date Valid To:	May 2026
Directorate/Department responsible (author/owner):	Sally Dale, Clinical Matron
Contact details:	07825 865916
Brief summary of contents:	The purpose of this SOP is to provide guidance for the safe placement of Gastro-intestinal, Breast, Vascular and Urological emergency surgical admissions to SDSA ambulatory lounge and SDSA Trolley bay. The aim is to maintain flow through ED and the Surgical Unit and improve patient safety, privacy and dignity and reduce the risk of adverse events.
Suggested Keywords:	SDSA, Trolley bay, Surgical Emergency Admissions.
Target Audience:	**RCHT**: Yes **CFT**: No **CIOS ICB**: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Care Group Board. Speciality Lead.
General Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming approval by specialty and care group management meetings:	Suzanne Atkinson

Information Category	Detailed Information
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / General Surgery

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
April 2023	V1.0	Initial issue.	Sally Dale, Clinical Matron.
May 2023	V1.1	Amendments to 4.4 and 4.14. Removal of red text.	Lorraine Sole, Head of Nursing. Clinical Site Management.
January 2024	V1.2	Small amendments to the background information, section 4.	Sally Dale, Clinical Matron. David Griffith, Consultant Upper GI and Emergency Surgeon.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	The Use of Same Day Surgical Assessment (SDSA) Lounge and Trolley Bay Standard Operating Procedure V1.2
Directorate and service area:	General Surgery and Cancer Services
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sally Dale, Clinical Matron
Contact details:	07825865916

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this SOP is to provide guidance for the safe placement of Gastro-intestinal, Breast, Vascular and Urological emergency surgical admissions to SDSA ambulatory lounge and SDSA Trolley bay. This SOP is aimed at the Site Co-ordination team, Emergency Department, SDSA and ESU Clinical/nursing Team.
2. Policy Objectives	As above
3. Policy Intended Outcomes	As above
4. How will you measure each outcome?	Ongoing audit
5. Who is intended to benefit from the policy?	Staff and patients

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Emergency Surgical Consultants. Care Group Board.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Only applicable to those over the age of 16 as SDSA lounge and Trolley bay does not accept patients under 16 years.
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	Please see 5.19 for the management plan of pregnancy.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Sally Dale, Clinical Matron

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Hotlist of Surgical diagnoses for “fast-track” to SDSA lounge from ED.

Background

During peak periods, over-crowding can become a serious issue in ED. It is expected that all divisions help to improve patient flow. Surgery can assist by allowing direct access to ambulatory care, when medical cover is rostered to work there, for specified patients.

Pathway

ED continue to triage patients and undertake baseline tests; FBC (full blood count), U and E (Urea and Electrolytes), CRP (C - reactive protein), Amylase, LFTs (Liver Function Tests), G and S (Group and Save) if appropriate. They will also prescribe initial medication via EPMA, analgesia as well as antibiotics if appropriate. If a patient condition is suitable for fast-track transfer is identified then ED may liaise with the nursing team within the SDSA who will then discuss with the rostered doctor in the SDSA, prior to confirming acceptance of the patient.

No patient will be transferred without appropriate nursing handover.

Fast Track Transfer

Patients will be transferred to SDSA lounge provided it is open and medical cover is rostered to the area (**currently Monday to Friday 8:30 until 19:00**). This is a non-bedded, non-bay assessment area with no availability to monitor acutely unwell patients, so the referring clinician must determine that the patient is safe to be in an unmonitored environment for a limited period. Patients with a NEWS score of 3 or more cannot be transferred to SDSA. Clinically - patients should be:

- Haemodynamically within normal ranges and stable.
- Suitable to reside in a chair.
- Not pose an infection risk (History or symptoms of diarrhoea +/- vomiting).
- Have a primary surgical diagnosis from the approved specialty hotlist.
- Not require oxygen therapy, IV fluid resuscitation or Entonox analgesia.
- GCS 15.
- Not have a history of confusion or dementia.
- No patient with a confirmed Abdominal Aortic Aneurysm.

Speciality Hotlist – diagnoses suitable for direct SDSA assessment.

General	Urology	Vascular	Breast
Post-operative/ Wound check/ complication. Biliary: - Cholecystitis. - Biliary Colic. Appendicitis: - Not septic. - NEWs < 3 etc. Diverticulitis: - Not septic. - NEWs < 3 etc. Mild (Glasgow criteria) Pancreatitis (biochemically proven AMY >300). Abscesses. Hernias. Mild undiagnosed abdominal pain who are ambulatory.	Post-operative/ Wound check/ complication. Acute Clot Retention. Ureteric Colic (AAA must be clinically excluded). Testicular torsion.	Post-operative/ Wound check/ complication.	Post-operative/ Wound check/ complication. Breast Abscess. Mastitis.

Appendix 4. Surgical diagnoses for “fast-track” to SDSA Trolley Bay.

1. SDSA Trolley bay will accept any Gastro - intestinal, Urology, Breast or Vascular patients with a NEWS score below 7. If NEWS score above 7 the Surgical Registrar and the NIC must agree that the patient is safe for transfer to SDSA Trolley bay.

2. Vascular patients with a suspected Abdominal Aortic Aneurysm leak must be scanned and reviewed in ED prior to transfer to SDSA Trolley bay.

Appendix 5. Flow chart for the use of SDSA lounge.